2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 300181 Jan 20, 2000 8:00 am 1. Entity Name **Secretary of State** THE V.V. VOGEL AND SONS FARMS, INC. 01-20-2000 90242 002 ***150.00 Principal_Place of Business Mailing Address 13013(VEGEL)FARMS ROAD P.O. BOX 638 13013 VOGEL FARMS RD. GIBSONTON FL 33534 **GIBSONTON FL 33534-0638** 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 59-1115063 Not Applicable Country \$8.75 Additional Zip Country Zin 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent reone せい VOGEL, VANCE V Street Address (P.O. Box Number is Not Acceptable) 11535 CORWIN STREET **GIBSONTON FL 33534** 8. The above named entity submits this statement for the purpose of changing its registered onice or registered agent, or both, in the State of Florida. Agent signature required when reinstating) Signature, typed or printed name of registers FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ' OFFICERS AND DIRECTORS 12. 11. PD Vosel, George 13013 Vosel Farms Rd Gibsonton Fla 33534 Change ∏ Addition CR2E034 (9/99 PD TITLE ☐ Delete TITLE VOGEL. GEORGE NAME NAME STREET ADDRESS 12535 CORWIN STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP GIBSONTON FL 33534 DST Vogel George H. Jr. Change 13013 Vogel Farms Rd _ Delete _ _ _ TITLE VOGEL, GEORGE H. JR. NAME NAME STREET ADDRESS STREET ADDRESS 11830 S. NORTH ST Gibsonton Fla 33534 CITY-ST-ZIP CITY-ST-ZIP GIBSONTON FL 33534 Vogel John V 13013 Vogel Farms Rd ☐ Addition ☐ Delete TITLE TITLE VOGEL, JOHN V. NAME NAME STREET ADDRESS 12014 S.NORTH ST. STREET ADDRESS Gibsonton Fla 3353 Y CITY-ST-ZIP CITY-ST-7IP GIBSONTON FL Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP (T) Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

AND AND TOP OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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